

**VIRGINIA BOARD OF MEDICINE
Ad Hoc Committee on Competency**

Friday, October 14, 2011

Department of Health Professions

Richmond, VA

CALL TO ORDER: The meeting convened at 10:08 a.m.

MEMBERS PRESENT: Claudette Dalton, MD, President, Chair
Richard Hoffman, MD
Tiffany Johnson, RAM, C CVS, VAMSS
Jane Maddux
David Swankin, JD, Citizen Advocacy Center

MEMBERS ABSENT: J. Randolph Clements, DPM
Madeline Stark, JD

STAFF PRESENT: William L. Harp, MD, Executive Director
Ola Powers, Deputy Executive Director, Licensing
Colanthia Morton Opher, Operations Manager
Elaine Yeatts, DHP Senior Policy Analyst

OTHERS PRESENT: Michael Jurgensen, MSV
Scott Johnson, HDJN
Barbara Matusiak, MD, Medical Review Coordinator

MEETING SUMMARY

After calling the meeting to order, Dr. Dalton read the emergency egress instructions.

The Committee members introduced themselves, and Dr. Dalton acknowledged the members of the public.

Dr. Harp requested an amendment to the May 24, 2011 minutes of the Committee. Ms. Maddux moved to accept the minutes as amended. The motion was seconded by Dr. Hoffman and carried unanimously.

Mr. Swankin moved to accept the agenda as presented; it was seconded by Ms. Maddux and carried unanimously.

There was no public comment.

The Committee reviewed the minutes of May 24, 2011 in detail and discussed the suggestion made to the Board in regards to approaching the Medical Society of Virginia (MSV) and requesting their assistance in providing electronic links to sites that practitioners could utilize in

locating performance-in-practice activities. Mr. Jurgensen advised that MSV is willing to help once the Board has identified the links. Dr. Harp pointed out that accessing recorded programs from outside our firewalls is sometimes problematic, such as with the M-4 Update at VCU. Staff will work with the DHP Data Division to see if there is a way to ensure that licensees can access what is posted.

For the purpose of bringing all the members up-to-date, Dr. Harp covered the history of the Committee beginning with its origin as the Subcommittee (of the Legislative Committee) on Continued Competency January 27, 2006 led by Dr. Cothran. Dr. Harp noted that since its inception, the Committee has discussed at length initial, continuing, and re-entry competencies. He said that in 2009 the Committee presented a recommendation to the Board that for initial licensure, any MD/DO must have completed a residency in the specialty he/she intends to practice. The Board approved this approach, but no legislative action has been taken in its direction. Dr. Harp said that over the years, the focus of the Committee has bounced around but ultimately returns back to continuing competency. Dr. Harp stated that he has always been in favor of putting the effort into continuing competency since that is where the greatest impact on patient safety can be made in the shortest period of time.

Dr. Dalton commented that it appears that Virginia's requirement of one year of residency for licensure may attract applicants that are less well prepared. She also noted that although she understood the reason for the one-year requirement was to retain more IMG's for a single program, this law has had a number of unintended consequences.

Ms. Yeatts, DHP Senior Policy Analyst, brought to the Committee's attention the authority the Board currently has in law with regards to competency. She pointed out that §54.1-2912.1 grants the Board very broad authority with respect to establishing requirements for competency.

The Committee discussed the Board's inability to prevent licensees from renewing when they clearly have not met all the requirements to do so. For instance, if a licensee pays the fee but does not attest to having met the CME requirement, renewal still takes place. Ms. Yeatts suggested that the Board consider implementing a process that would not prevent renewal if the CME requirement was not completed, but would automatically open a case since the licensee theoretically self-reported a violation of the law. The Committee agreed that such a process be recommended to the Board.

In the remaining discussion, the following concerns were expressed and discussed:

- The utility of the Board's continuing education form, now considered optional
Ms. Yeatts noted that this form encompasses FSMB's MOL Steps 1, 2, and 3.
- The question of "Is there anything broken and does anything need to be done?"
- Could we partner with another pilot state in the MOL project?
Dr. Harp advised that he had contacted North Carolina but their funding was already allocated.

- Are self-assessments reliable?

Mr. Swankin noted that this could be less than reliable since the worst practitioners overestimate their knowledge and skills, and the best practitioners underestimate theirs. Dr. Hoffman noted that there is evidence to support that although being board certified may seem intuitively to equate to competency, that may not be the case with every physician.

Ms. Yeatts suggested three possibilities:

- 1- Take the existing continuing education form seriously; e.g., remove the option of not completing the form.
- 2- Recommend to the Full Board that those licensees that do not attest to meeting their CME requirement, some type of enforcement process be set up. A guidance document could be created to convey the message that the Board takes failure to stay current with CME seriously.
- 3- Integrate the process into the existing renewal process. Ms. Yeatts noted that this can be done without any change to the existing laws and regulations. Dr. Harp suggested that the CME form be part of each licensee's Profile. As such, it would be convenient for the licensee, accessible to the public, and would allow for a 100% audit. Dr. Harp has confirmed that this can be accomplished through the Data Division.

After a brief discussion, Mr. Swankin moved to recommend to the Board that Virginia participate in the FSMB pilot projects in Maintenance of Licensure (MOL). Ms. Maddux seconded. The floor opened for discussion.

The Committee continued to discuss additional issues and concerns, including if an MOL project becomes a reality what the framework would be, if there will be funding for the project, and would there be an objective assessment of the results by a third party.

After additional discussion, Mr. Swankin moved to withdraw his first motion. Ms. Maddux seconded. The motion to withdraw was supported unanimously.

Mr. Swankin then moved that the Ad Hoc Committee recommend to the Full Board that Virginia go forward with its participation as a "pilot" MOL state under the following conditions:

1. The Virginia Board of Medicine develop its own demonstration project rather than wait to be "assigned" a particular pilot by FSMB;
2. That the demonstration project be designed with the idea of utilizing volunteer licensees who will agree to participate;
3. That the demonstration be evaluated when it is over to learn what aspects have proven successful;
4. That the Board request financial assistance from FSMB to underwrite the cost of the demonstration.

Ms. Maddux seconded. The motion carried unanimously.

Mr. Swankin then moved that the existing continuing education form be attached to the Profile and that the Board proceed to enforce its current law. Dr. Hoffman seconded. The motion was carried unanimously.

Mr. Swankin then moved to recommend to the Full Board that they consider making the on-line renewal questionnaire a requirement for renewal. Ms. Maddux seconded the motion. The motion was carried unanimously.

As a side note, the Committee suggested that the Board discuss the need for Board-related CME at its next meeting. Mr. Jurgensen advised that MSV has been opposed to mandating specific CME based on the notion that prescribed CME may not be relevant to every physician's practice.

With no other business to conduct, the meeting adjourned at 12:15 p.m.

Claudette Dalton, M.D.
Chair

William L. Harp, M.D.
Executive Director

Colanthia M. Opher
Recording Secretary